



FI-4033

Date: 03/09/2024		Time in: 16:19		License/Permit #: 0		Est. Type: SD		Risk Category: SD		Page 1 of 2					
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other						TOTAL/SCORE		97							
Establishment Name: Firehouse Subs				Contact/Owner Name: Dazhana green								Number of Repeat Violations: 0		Number of Violations COS: 0	
Physical Address: 11750 US-380 #150				Pest control: APT pest control 11-29-23		Grease trap: N/A						Follow-up: No			
<p><b>Compliance Status:</b> Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch          Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> in appropriate box for R</p>															
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>															
<b>Compliance Status</b>						<b>Compliance Status</b>									
O U T	I N	N O	N A	C O S	R	O U T	I N	N O	N A	C O S	R				
<b>Time and Temperature for Food Safety (F = degrees Fahrenheit)</b>						<b>Employee Health</b>									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth									
<input checked="" type="checkbox"/>						<b>Preventing Contamination by Hands</b>									
3. Proper Hot Holding temperature(135°F)						14. Hands cleaned and properly washed/ Gloves used properly									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
4. Proper cooking time and temperature						15. No bare hand contact with ready to eat foods or approved alternate method properly followed									
<input checked="" type="checkbox"/>						<b>Highly Susceptible Populations</b>									
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
6. Time as a Public Health Control; procedures & records						<b>Chemicals</b>									
<b>Approved Source</b>						17. Food additives; approved and properly stored; Washing Fruits & Vegetables									
<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>						
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						18. Toxic substances properly identified, stored and used									
<input checked="" type="checkbox"/>						<b>Water/ Plumbing</b>									
8. Food Received at proper temperature						19. Water from approved source; Plumbing installed; proper backflow device									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						20. Approved Sewage/Wastewater Disposal System, proper disposal									
<input checked="" type="checkbox"/>															
10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature						<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>									
<input checked="" type="checkbox"/>						O U T	I N	N O	N A	C O S	R				
<b>Demonstration of Knowledge/ Personnel</b>						<b>Food Temperature Control/ Identification</b>									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
22. Food Handler/ no unauthorized persons/ personnel						28. Proper Date Marking and disposition									
<b>Safe Water, Recordkeeping and Food Package Labeling</b>						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips									
<input checked="" type="checkbox"/>						<b>Permit Requirement, Prerequisite for Operation</b>									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
23. Hot and Cold Water available; adequate pressure, safe						30. Food Establishment Permit (Current and Valid)									
<input checked="" type="checkbox"/>						<b>Utensils, Equipment, and Vending</b>									
24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled						31. Adequate handwashing facilities: Accessible and properly supplied, used									
<b>Conformance with Approved Procedures</b>						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided									
<b>Consumer Advisory</b>						<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First</b>									
<input checked="" type="checkbox"/>						O U T	I N	N O	N A	C O S	R				
<b>Prevention of Food Contamination</b>						<b>Food Identification</b>									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)									
<input checked="" type="checkbox"/>						<b>Physical Facilities</b>									
35. Personal Cleanliness/eating, drinking or tobacco use						42. Non-Food Contact surfaces clean									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
36. Wiping Cloths; properly used and stored						43. Adequate ventilation and lighting; designated areas used									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
37. Environmental contamination						44. Garbage and Refuse properly disposed; facilities maintained									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
38. Approved thawing method						45. Physical facilities installed, maintained, and clean									
<b>Proper Use of Utensils</b>						46. Toilet Facilities; properly constructed, supplied, and clean									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						47. Other Violations									
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>									
40. Single-service & single-use articles; properly stored and used															

